

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U- 136/15	2. Fiscal Year Covered From: 05/01/04 Through: 02/28/05
3. Name and address of person filing: Name: Thomas W. Buley	4. Name, No. number, and address of labor organization: Name: Sheet Metal Workers Local 113 Labor Organization File Number: 036-283
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 4535 Deyo Ave	Street 4550 Roosevelt Rd
City Brooklyn	City Willowside
State NY ZIP Code + 4 11233	State NY ZIP Code + 4 10162-2093
5. Position in labor organization: FINANCIAL SECRETARY / TREASURER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name **Thomas W. Buley**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **4535 Deyo Ave**

City **Brooklyn**

State **NY** ZIP Code + 4 **11233**

7.a. Nature of Interest, Transaction, or Income:

Employer

7.b. Amount:

\$0.00

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

on **1/18/05** Date **208-485-7844** Telephone Number

Name of Person Filing

Thomas W. BUREK

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Blue Cross Blue Shield of Illinois

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 500 E Randolph StCity ChicagoState ILZIP Code + 4 60614-5099

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Superior Health Welfare Consultant Inc

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1530 Roosevelt RdCity CHICAGOState ILZIP Code + 4 60622-2050

9. Business deals with.

- a. Labor Organization
- b. Trust
- c. Employer

11.a. Nature of such dealing.

ST. PATRICK'S DAY PARTY
AT THE PLUMBERS
HALL

11.b. Approximate dollar value of such dealing.

\$5.27

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

14.b. Amount of payment.